STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES
REMEDIATION SECTION
391 LUKENS DRIVE
NEW CASTLE, DE 19720
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# Application for Heating Fuel UST Closure Assistance Program

**Please print or type. Fill out this application completely. Incomplete or illegible applications will be returned.**

FC: 77A

| **Facility Information** | | | Facility ID# |
|---|---|---|---|
| Facility Tax Parcel # | | | |
| Facility Street Address: | | | |
| City: | ZIP: | | |
| Is this a residential or commercial facility? ☐ Residential ☐ Commercial | | | |

| **Applicant Information** | | | |
|---|---|---|---|
| Applicant Name: | | | Home/Business Phone: |
| Street: | | | Cell Phone: |
| City: | State: | Zip: | Email: |

| **Underground Storage Tank (UST) Information** | |
|---|---|
| What is the capacity of the UST in gallons? | |
| What was/is stored in the UST? (i.e. heating oil, kerosene) | |
| Is the UST still in use? ☐YES ☐ NO<br>If NO, when was the UST last used, and by whom? | |
| Did you ever use or operate the UST to provide heating fuel at the above referenced facility? ☐YES ☐ NO | |
| What does the UST contain today? (i.e. fuel, sand, concrete, waste, etc.)<br>If filled with concrete/sand, please provide the date the UST was filled and by whom? | |
| Please describe the UST location (front yard, back yard, etc.)?<br>Is the UST within a fenced yard? ☐YES ☐ NO | |
| What type of surface is over the UST? (i.e. asphalt, grass, concrete, etc.) | |
| Sketch of UST location? Please show UST location in relation to house/building and street(s). | Utilities Adjacent to or Servicing the Facility (check all that apply)<br>☐ Overhead Electric ☐ Underground Electric<br>☐ Public Sewer ☐ Private Septic<br>☐ Public Water Supply ☐ Private Well Water<br>☐ Natural Gas ☐ Underground Cable, Phone or FIOS |
| Are you aware of a release or spill from the UST(s)? ☐ YES ☐ NO<br>If YES, provide release date, amount and type product released and attach any analytical data. | |
| I, the undersigned, hereby certify that I am the current owner of the above referenced facility and that information provided in this application is true and correct.<br>I warrant and represent that all other record owners (in fee simple, tenancy and/or estates) consent to submission of this application for the Heating Fuel UST Closure Assistance Program. | |
| Signature of Applicant | Date |
| Name (please print): | |